

# A Study To Assess The Effectiveness Of Selected Intervention Haemoglobin Among Anaemic Women At Selected Areas Of Ratlam.

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## Introduction

In developing countries, iron deficiency anaemia is a leading cause of maternal morbidity, mortality, and poor birth outcomes. Anemia is the most common nutritional deficiency worldwide. It impairs adult work capacity and has an impact on the motor and mental development of children, adolescents, and women.

According to the World Health Organization, nearly 20% of all women of childbearing age in the United States had iron deficiency anaemia, compared to 2% of adult males.

According to the World Health Organization, iron deficiency anaemia affects approximately 50-60% of young children, pregnant women, and 20-30% of non-pregnant women in developing countries. Iron deficiency anaemia is 6-8 times more common in countries with low meat consumption than in North America. As a result, it is one of the world's problems, primarily affecting developing countries. Pregnant and lactating women, growing children, and elderly people with an underlying disease that causes blood loss are more vulnerable than other groups of people. Nobody, however, is immune to anaemia.

Iron deficiency anaemia is preventable. Early detection and treatment of iron deficiency anaemia in women is critical for controlling and preventing long-term complications. A healthy diet with an adequate amount of vitamin 'c' rich food content, as well as plenty of fruits, vegetables, and nuts, can help to increase iron levels in the body. More research is required to find solutions to many clinical and theoretical aspects of the disease.

## Methodology

The study's research design was a quasi experimental research design. Ratlam was the location of the study. The current study has a sample size of 100 people. For the study, the convenience sampling technique was employed. Demographic variables and SHALI'S METHOD WITH HEMOGLOBINOMETER are the tools built for the data collection procedure. Using the prepared tools, the data collection took about 6 weeks. The pre-test was completed. Group I was supplemented with Moringa oleifera leaf extract, while Group II was supplemented with raggi porridge. Based on the aforementioned goal Take 2 cups of water and mix in 200gms of ragi powder. After adding the ragi powder and mixing it well without lumps, bring the water (400ml) to a boil. Cook on low heat until the ragi paste reaches the desired thickness. a pinch of jaggery (50gm). It is a ragi porridge preparation. It must be completed within one hour of preparation. Moringa oleifera leaves extract, Moringa oleifera - 200gms, Water - 500ml are required for the preparation. In the method of preparation, the leaves must be boiled in a vessel with plain water. After boiling, remove the water with the leaves and add a pinch of salt to the essence. Both interventions were given to the groups 200ml every day for 45 days. Finally, the reports were analysed after a post-test.

## Results

In Ratlam, women suffering from iron deficiency anaemia were identified. Shali's method with a hemoglobinometer was used to determine their haemoglobin level. After estimating haemoglobin levels, women with iron deficiency anaemia who meet the inclusion criteria are considered to have haemoglobin levels less than 11gm. According to the study, the pretest mean in Group I was 7.26 with a standard deviation of 2.43. The

pretest mean value in Group II is 7.31, with a standard deviation of 2.48. During the pretest, there is a slight difference in mean and standard deviation values between groups I and II. According to this study, the post test mean in Group I was 12.51, with a standard deviation of 2.67. The mean value of the post test in Group II is 14.11, with a standard deviation of 3.44. The 't' value of group I's improvement score was 12.71. The group II 't' value improvement score was 17.23. Both groups had a P value of 0.05. Which were statistically significant, implying that the group I and group II interventions were effective in raising haemoglobin levels in women with iron deficiency anaemia.

As a result, the null hypothesis was rejected. The effectiveness of Moringa oleifera leaves extract versus ragi porridge in increasing haemoglobin levels in women with iron deficiency anaemia differs significantly.

### Conclusion

The haemoglobin level was measured before and after the intervention in 100 samples divided into two groups. The haemoglobin level increased in both groups (P value 0.05).

As a result, the null hypothesis was rejected. The study found a significant difference in the effectiveness of Moringa oleifera leaves extract versus ragi porridge in increasing haemoglobin levels in women with iron deficiency anaemia.

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